

FINANCIAL AFFIDAVITCJA 23
(Rev. 5/99)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES
IN THE CASE OF☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)U.S. vs. William
FERNANDEZFOR
FILED
AT

AUG 5, 2008

AUG 5, 2008

MAGISTRATE JUDGE JEFFREY COLE
UNITED STATES DISTRICT COURT

PERSON REPRESENTED (Show your full name)

CHARGE/OFFENSE (describe if applicable & check box →) ☐ Felony
☐ Misdemeanor

- ☐ Defendant - Adult
☐ Defendant - Juvenile
☐ Appellant
☐ Probation Violator
☐ Parole Violator
☐ Habeas Petitioner
☐ 2255 Petitioner
☐ Material Witness
☐ Other (Specify) _____

LOCATION NUMBER

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

08 CR 588

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY**EMPLOYMENT**Are you now employed? ☐ Yes ☒ No ☐ Am Self Employed

Name and address of employer: _____

IF YES, how much do you
earn per month? \$ _____IF NO, give month and year of last employment
How much did you earn per month? \$ _____

If married is your Spouse employed?

☐ Yes ☒ NoIF YES, how much does your
Spouse earn per month? \$ _____If a minor under age 21, what is your Parents or
Guardian's approximate monthly income? \$ _____**OTHER INCOME**Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? ☐ Yes ☒ No

RECEIVED

SOURCES

IF YES, GIVE THE AMOUNT
RECEIVED & IDENTIFY \$ _____
THE SOURCES _____**CASH**Have you any cash on hand or money in savings or checking account ☐ Yes ☒ No IF YES, state total amount \$ _____**PROPERTY**Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☒ No

VALUE

DESCRIPTION

IF YES, GIVE THE VALUE AND \$ 200
DESCRIBE IT

KIA - AUTO

DEPENDENTS

MARITAL STATUS

☐ SINGLE☐ MARRIED☐ WIDOWED☐ SEPARATED OR
DIVORCEDTotal
No. of
Dependents

List persons you actually support and your relationship to them

DEBTS & MONTHLY BILLS(LIST ALL CREDITORS,
INCLUDING BANKS,
LOAN COMPANIES,
CHARGE ACCOUNTS,
ETC.)APARTMENT
OR HOME:

Creditors

Total Debt

Monthly Payt.

MEDICAL

\$ 15,000

CREDIT CARDS

\$ 10,000

RENT - VA TRANSITIONAL HOME

\$

\$

certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

[Signature]